

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
PHILHEALTH REGIONAL OFFICE - XI

Vaigueros Building, Bataan Extension, Davao City
 Telephone Number 295-3362

www.philhealth.gov.ph



PURCHASE ORDER

Supplier: LUNARCHEM TRADING				PO NO: 16-08-210		
Address: 1732-A G. Tuazon Street corner Vicente Cruz Street, Sampaloc, Manila				PO Date: August 5, 2016		
Contact No: (02) 7427458. (02)				Terms of Payment: 15 working days		
<input checked="" type="checkbox"/> VAT		<input type="checkbox"/> NON-VAT		TIN: 200-827-919-000		
				Mode of Procurement: Local Shopping		
Please Deliver to this Office within 15 working days from Receipt hereof the following						
PR NO	Item No	Qty	Unit	Item Description	Unit Cost	Total Cost
1607-06-12		4	cartridges	Toner, CE285A For replenishment of printing supplies ***** nothing follows ***** <div style="text-align: right; font-family: cursive;">less: 124 57</div>	2 300 00	9,200.00 <div style="text-align: right; font-family: cursive;"> 410.71 <u>₱ 8,789.29</u> </div>

Conditions

1. The agency shall impose penalty in an amount equivalent to 1/10 of 1% of the total value of undelivered order for each day of the delay as liquidated damages
2. Render your bills in triplicate copies including the original
3. If the date of the receipt of the P.O. by the dealer is not indicated, it is deemed received on the 10th working day of the approval of the P.O.
4. For imported items IMPORTANT DOCUMENTS SPECIFICALLY showing the condition(s) and serial numbers of the equipment must be presented upon delivery

Very truly yours GARY S. VELAYO Administrative Officer IV	PRO-XI Budget FY 2016 BRO No _____ Charge to <u>MOOE</u> Exp. Code <u>774 50</u> Amount <u>₱ 9,200.00</u> PATRICK ANGELO L. UY Budget Officer Designate	Recommending Approval ARNEIL B. SUBIBI Division Chief IV, MSD	Approved by DENNIS B. ADRE Regional Vice President
Received copy of P.O. on _____		Conformed MS. CHERA BRINAS Supplier/Representative	
Received by _____		Date _____	